RI SOS Filing Number: 201731142380 Date: 01/30/2017 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
4414	COLE CONSTRUCTION CORPORATION

3. Principal Office Address	City	State	Zip
771 LAFAYETTE ROAD	NORTH KINGSTOWN	RI	02852

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23 - Construction	BACKHOE AND EXCAVATION CONSTRUCTION SERVICES.
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ALFRED T. COLE, JR.			Vice-President Name:		
Street Address: 771 LAFAYETTE ROAD			Street Address:		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City:	State:	Zip:
Secretary Name: ALFRED T. COLE, JR.			Treasurer Name: ALFRED T. COLE, JR.		
Street Address: 771 LAFAYETTE ROAD			Street Address: 771 LAFAYETTE ROAD		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City: NORTH KINGSTOWN	State: RI	Zip: 02852

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: ALFRED T. COLE, JR.			Director Name:		
Street Address: 771 LAFAYETTE ROAD			Street Address:		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	COMMON	NONE

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
ALFRED T. COLE, JR., PRESIDENT	1/24/2017

Signature of Authorized Representative

SIGN DOCUMENT HERE **FILED**

JAN 30 2017

BY 3449

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016